

# **PROCESS FOR LME ENDORSEMENT**

## **Introduction**

LMEs that wish to provide and seek reimbursement for new Medicaid Enhanced Benefit services must be directly enrolled with the DMA and are subject to the Provider Endorsement Process by DHHS. (The Division of MH/DD/SA will review applications and conduct onsite reviews of LME services for endorsement.) LME endorsement will only be granted on a conditional basis for a time period not to exceed June 30, 2007 with justification for the need to continue to provide the service annually.

The endorsement process is initiated by the submission of an application from the LME that contains site/service specific information for each new service definition. Incorporated into this application is the information required by the Secretary of DHHS, per Communication Bulletin 16, to grant approval of direct service delivery. [Note: LMEs that are also applying to serve as Lead LMEs for utilization review and screening triage and referral should be particularly detailed in response to item e.]

## **Scope**

Applies to all LMEs (excluding Piedmont) that wish to provide Medicaid Enhanced Benefit MH/DD/SA services.

## **Process for Endorsement of LMEs for services:**

LMES are required to follow this process to ensure statewide consistency of endorsement. If an LME fails to follow this process it will not be eligible for Direct Enrollment with DMA for the new Medicaid Enhanced Benefit services.

LMEs will only be considered for endorsement if there is evidence that community capacity is inadequate in the catchment area for that given service. (The two member review team will determine the criteria for “evidence.” A plan indicating needs and gaps along with a discussion of community capacity could be considered as evidence.)

## **Submission of Application:**

Endorsement of LMEs to provide the Enhanced Benefit services is subject to the phase-in schedule outlined in Communication Bulletin 47. Post implementation of the new service definitions, LMEs may not continue to provide new or revised services beyond the end of the transition phase-in period unless the LME is endorsed and directly enrolled with DMA to provide Medicaid Enhanced Benefit services. LMEs may only provide direct enrolled Medicaid Enhanced Benefit services if there is a clear firewall between the services functions of the LME and the management functions of the LME. The lead regional LME (or other entity authorized by DMA if there is not an authorized lead LME) will be the authorizing agent for Medicaid Enhanced Benefit services provided by LMEs within the region.

LMEs must (electronically) submit a complete application to the DMH/DD/SAS (Dick Oliver) as quickly as possible but no later than February 24, 2006 for all services for which they wish to enroll to provide.

The DMH/DD/SAS will acknowledge receipt of the application by return email to the contact person of the LME within 5 business days

The DMH/DD/SAS will review the application for completeness of information/materials and notify the LME of needed documents or information within 10 business days of receipt of the application.

If additional information is needed the LME will have 5 business days to submit the needed information to the DMH.

If the needed materials are not submitted to the DMH by the LME within 5 business days, the DMH/DD/SAS will return the application and the LME must resubmit the entire application packet.

Priority attention will be given to the two endorsement phases that are already effective while the two remaining phases will be incorporated per their established dates. The LMEs will submit an application only once and the review team will conduct reviews based upon the effective phases.

#### **On-Site Review:**

An onsite endorsement review will be performed by a 2 member team; one member of the LME team and one member of the Best Practices team. The LME Team staff will not review/participate in reviews of LMEs to which they are primarily assigned.

The onsite review will be completed within 20 business days of notification to the LME that the application packet is complete.

The two member review team will use the standardized Endorsement Checklists for Medicaid Enhanced Benefit service definitions during the onsite review.

#### **Conditional and Full Endorsement:**

The Division will only grant conditional endorsement to an LME until June 30, 2007. Conditional endorsement shall be granted upon meeting the requirements of the first onsite review (the starred items) using the service specific check sheets. Conditional endorsement will be site and service specific. The LME must send a copy of the endorsement letter to DMA along with their Medicaid enrollment package.

The LME must justify the continuance of the service annually by submitting a letter to the DMH (Dick Oliver) with justification for the need to continue to provide the new service and a brief description of attempts to build community capacity.

**LME fails to meet requirements:**

If the LME does not meet requirements for conditional endorsement it will have 20 business days to make corrections and submit by email additional documents and/or materials. An abbreviated onsite review may be conducted by the 2 member review team or the documents may only undergo a desk review.